## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/566140 APPLICANT(S)

CLAIMS

	AS F	ILED	AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT			· AS F	ILED	AFTER		AF'	
	IND.	DEP.	, IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	
1							51	11(1).	DET.	HAD.	DEF.	IND.	
2	· · ·						52					<del></del>	
3							53						
4		/_					54						
5							55						
6							56						
7							57				~		
8							58						
9		_/					59						
10							60						
11							61	·					
12							62						
13							63						
14							64						
5							.65					-:	
6					T		66						
7							67						
8					I		68						
9					·		69						
20							70						
1							71						
2							72						
3							73					-	
4							74						
5							75						
6							76						
7 8							77						
							78						
9							79						
1							80						
2							81						
3							82						
1							83						
5							84						
6							85						
7							86						
8							87						
;							88						
5			<del> </del> -				89						
							90						
1							91						
3			——				92						
1		<del></del> -					93	$-\!\!\perp$					
5				<del></del>			94						
5		<del></del>					95						
-							96						
							97						
+							98						
							99						
AL	<del>-</del>					<u> </u>	100						
).	3	1	l	1		1	TOTAL	T	JE T				
AL		,		, * <b> </b> -		<b>V</b>	IND.				▼ [		
	27	<b>(=</b>	•	<b>(=</b>	•		TOTAL DEP.	4	<b>4</b>		<u> </u>		
		170000			- Res	2000		19-2	7				
MS	30			1000			TOTAL CLAIMS	Ž.					
_			1/200		and the same of th	A CONTRACTOR OF THE PARTY OF TH	CHAINIS			ENT of COM			